

Employee Health New Volunteer Candidate Immunization Form

Name: _____

Date of Birth: _____ Contact phone #: _____

REQUIREMENTS:

1. TB:

Two step TB skin test (TST)

Employee Health Use Only

OR

Documentation of Serial Annual TB skin tests for the last Two years

Quantiferon Test (QFT)*

	Date Placed	Date Read	Result
Step 1			
Step 2			

«««« IF Foreign Born Must Do Initial Quantiferon Test (QFT)* ««««

- If past positive TST or newly positive TST/Quantiferon Positive
 - o Provide TB screening Chest x-ray completed within last 2 years
 - o Provide a current completed Signs and Symptom check
- The most recent TB test needs to be less than 12 months old

2. MMR (Measles, Mumps, Rubella):

Documented MMR vaccine x 2 (1st given on or after first birthday)

OR

- Positive titer showing immunity
 - o Measles
 - o Mumps
 - o Rubella

3. Varicella (Chicken Pox):

Varicella vaccine x 2 (1st given on or after first birthday)

OR

Positive Varicella titer

4. Hepatitis B Acknowledgement Form: (Hepatitis B vaccination is not mandatory for volunteers although it is strongly recommended by CDC Guidelines. For more information see the Hepatitis B Acknowledgement Form.)

Signed Acknowledgement Form

5. Tdap (Tetanus, Diphtheria, Pertussis):

Tdap vaccine

6. Influenza:

Current Seasonal Influenza vaccine

Attach records for review by Evergreen Employee Health:

Annual TB Screen required: Yes No _____ (to be determined by Employee Health)
Date Due

Employee Health RN Signature Clearance _____ Date: _____

*Employee Health doesn't provide QFT screening